

## Utah Best Practice Guidelines: Transfer to Hospital from Planned Out-of-Hospital Birth

### Mission Statement:

Women have the right to choose out-of-hospital birth at home or in a birth center. Regardless of our individual opinions regarding this choice, we must begin with the acknowledgement that some women will continue to choose out-of-hospital birth. An integrated, inter-professional maternity care system, that promotes safe and seamless transfer of care to the hospital, is recommended to optimize outcomes for mothers and their babies. The **Utah Best Practice Guidelines** were created in order to facilitate inter-professional collaboration, communication, and safe hospital transfer for mothers and their newborns.

***"All women and families planning a home or birth center birth have a right to respectful, safe, and seamless consultation, referral, transport, and transfer of care when necessary. When ongoing inter-professional dialogue and cooperation occur, everyone benefits."***

**-Home Birth Summit**

### Purpose:

1. Promote the highest quality of care for women and families across birth settings via respectful inter-professional collaboration and ongoing communication.
2. Highlight core elements to be included when developing hospital and healthcare system documents and policies related to hospital transfer from out-of-hospital planned birth.

### Development of the Utah Best Practice Guidelines:

The Best Practice Guidelines from the Home Birth Summit were developed by a multidisciplinary group of home and hospital-based providers and stakeholders who were delegates at the National Home Birth Consensus Summits in 2011 and 2013 ([www.homebirthsummit.org](http://www.homebirthsummit.org)). These national guidelines were used as a template for developing the **Utah Best Practice Guidelines**.



Midwives



Hospital Providers  
& Staff



Hospitals &  
Hospital Systems

The **Utah Women and Newborn Quality Collaborative (UWNQC)** Out-of-Hospital Birth Committee worked to revise the guidelines, considering evidence-based practices and incorporating existing regional policies and experiences in the State of Utah.

State-specific hospital regulations and the Emergency Medical Treatment and Labor Act (EMTALA) establish the legal framework for requiring access to hospital care in the U.S. The Utah Code 58-77-304 pertaining to parents' rights states that "parents have the right to deliver their baby where, when, how, and with whom they choose, regardless of licensure."

***Every woman seeking care during pregnancy has the right to competent and respectful medical care regardless of her planned birth setting or her selected birth attendant.***

The Utah Best Practice Guidelines apply to births planned at home or in a freestanding birth center. We recognize not all providers of out-of-hospital birth services are midwives. However, we use the term 'midwife' herein because the vast majority of providers of these services in Utah self-identify as midwives. We believe maternity care should be family-centered. We refer in this document to the pregnant or postpartum woman, but acknowledge the critical role that family and friends can have in the birth process.



## **Model Practices for the Midwife**

### ***Prenatal Preparation***

- In the prenatal period, the midwife provides information to the woman about hospital care and procedures that may be necessary. They document the agreed upon plan for hospital transfer, should the need arise.
- Once a hospital is selected, the midwife should be knowledgeable about the hospital transfer policies and preferences. Hospitals are encouraged to voluntarily include this information on the **UWNQC website** ([www.uwnqc.org](http://www.uwnqc.org)), and this resource should be used whenever possible.



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Website

The midwife assesses the status of the woman, fetus, and newborn through the maternity care cycle to determine if a transfer of care will be necessary.

### ***Transfer***

- The midwife notifies the receiving provider or hospital of the incoming transfer, reason for transfer, brief relevant clinical history, planned mode of transport, and expected time of arrival.
- The midwife continues to provide routine or urgent care en route, in coordination with any emergency services personnel, and addresses the psychosocial needs of the woman during the change of birth setting.
- Upon arrival to the hospital, the midwife provides a brief verbal report to the receiving medical providers regarding the Situation, Background, Assessment, and Recommendations (SBAR). Report should be given directly to both the nurse and physician/midwife, whenever possible.

- The **UWNQC Maternal and/or Neonatal Transfer Forms** ([http://health.utah.gov/uwnqc/pages/out\\_hospital\\_resources.html](http://health.utah.gov/uwnqc/pages/out_hospital_resources.html)) should be used to facilitate communication. Ideally, most information on the form is filled out prenatally or during labor. Relevant transfer information should then be added at the time a transport is deemed necessary. While adding this information may be accomplishable before arrival at the hospital, completion after arrival may be necessary in many situations. While a brief report to the receiving team will already have been given, completion of the form is recommended to facilitate communication with multi-disciplinary hospital team members and to provide midwife contact information. The midwife should retain a copy of the transfer forms for their records.
- The midwife will generally fully transfer clinical responsibility to the hospital team. However, if a midwife has hospital privileges, they may continue in their role as primary care giver appropriate to their scope of practice and privileges.



Transfer  
Forms

### **Hospital**

- The midwife promotes good communication by ensuring that the woman understands the hospital provider's plan of care and that the hospital team understands the woman's need for information regarding care options.
- If the woman chooses, the midwife may remain to provide support.
- The hospital provider and midwife should coordinate follow-up care for the woman and newborn, and care may revert to the midwife upon discharge, if desired by the woman.
- Ideally, the midwife should participate in a debriefing with the hospital provider and care team prior to hospital discharge in order to identify opportunities for process and quality improvement. The **Three Question Debriefing Form** (<http://health.utah.gov/uwnqc/pages/documents/ThreequestionsDebriefingFormDraft2.pdf>) can be used for this purpose.



Debrief  
Form



## **Model Practices for the Hospital Provider and Staff**

### **Maternal Care**

- The woman and her family are introduced to all members of the hospital care team.
- The woman is provided an overview of the standard hospital processes and expectations and she is reminded of her right to make informed choices.
- Providers and staff are sensitive to the psychosocial needs of the woman that result from the change of birth setting.
- Hospital providers and staff communicate directly and respectfully with the midwife to obtain clinical information in addition to the information provided by the woman.
  - **UWNQC Maternal and/or Neonatal Transfer Forms** ([http://health.utah.gov/uwnqc/pages/out\\_hospital\\_resources.html](http://health.utah.gov/uwnqc/pages/out_hospital_resources.html)) should be requested from the midwife. The forms should be printed from the UWNQC website, when needed. These forms should be included in the medical record for future reference and to facilitate follow-up



Transfer  
Forms

communication with the transferring midwife.

- Hospital providers and staff participate in a shared decision-making process with the woman to create an ongoing plan of care that incorporates the values, beliefs, and preferences of the woman. Whenever possible, the discussion includes all relevant members of the care team, to promote a consistent plan of care.
- If the woman chooses, hospital personnel will welcome the presence of the midwife as well as the woman's primary support person during assessments and procedures.
- Feedback should be solicited from the woman and midwife about the transfer and hospital experience. This should aid the hospital and hospital staff in making process improvements.
- The hospital provider and midwife should coordinate follow-up care for the woman and newborn, and care may revert to the midwife upon discharge, if desired by the woman.
- Hospital providers take the opportunity to debrief the case with the transferring midwife and care team prior to hospital discharge in order to identify opportunities for process and quality improvement. The **Three Question Debriefing Form** (<http://health.utah.gov/uwnqc/pages/documents/ThreequestionsDebriefingFormDraft2.pdf>) can be used for this purpose.
- Relevant medical records, including admission history and physical, delivery note, and discharge summary, are sent to the referring midwife in a timely fashion.



Debrief  
Form

### **Well Newborn Care**

- In the event of maternal postpartum transfer, the woman and her newborn are kept together during the transfer and after admission to the hospital, whenever possible.
- Admission and care of the well newborn is according to hospital policy.
- Regardless of neonatal admission status, maternal care providers should provide lactation support as part of their care of the mother.



## **Model Practices for Hospitals and Hospital Systems**

- Hospitals and hospital systems should outline their preferred maternal and neonatal transfer process using the **UWNQC Worksheet for Transfer to Hospital from Out-of-Hospital Planned Birth** ([www.uwnqc.org](http://www.uwnqc.org)). This information should be posted on the UWNQC website for midwives to easily reference.
  - Hospitals should promote use of the **UWNQC Maternal and Neonatal Transfer Forms** ([http://health.utah.gov/uwnqc/pages/out\\_hospital\\_resources.html](http://health.utah.gov/uwnqc/pages/out_hospital_resources.html)) for all maternal and neonatal out-of-hospital planned births that require hospital transfer.
- Hospitals should define a process, including referring midwives and hospital team members, to regularly review transfers with a shared goal of quality improvement and safety.



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## How to Give Feedback

- Midwives and hospital team members should submit feedback regarding hospital transfer after planned out-of-hospital birth to the UWNQC website through the **Transfer Feedback Survey** (<https://www.surveymonkey.com/r/UWNQCTransferFeedbackSurvey>). We welcome anonymous feedback regarding specific transfers (success stories and opportunities for improvement) as well as suggested edits to the transfer forms, hospital worksheet, and Utah Best Practice Guidelines.



Transfer  
Feedback  
Survey

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## References:

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2. Home Birth Summit. (2013). Best Practice Guidelines: Transfer from Planned Home Birth to Hospital. Retrieved from: [http://www.homebirthsummit.org/wp-content/uploads/2014/03/HomeBirthSummit\\_BestPracticeTransferGuidelines.pdf](http://www.homebirthsummit.org/wp-content/uploads/2014/03/HomeBirthSummit_BestPracticeTransferGuidelines.pdf).